

CALCULATION OF OVERTIME WAGES OWED LORETTA PROBERT

RE:

**ROBERT PROBERT, LORETTA E. PROBERT, GENE GRISSOM,
SANDARA GRISSOM, and others similarly situated
vs..**

**FAMILY CENTERED SERVICES OF ALASKA, INC.,
and DOES I to X (Managerial Employees Jointly Liable)**

CASE NO. 4:07-cv-0030-RRB

March 23, 2009

Kenneth L. Covell
Law Office of Kenneth L. Covell
712 8th Avenue
Fairbanks, Alaska 99701

Re: ROBERT PROBERT, LORETTA E. PROBERT, GENE GRISSOM,
SANDARA GRISSOM, and others similarly situated

vs..

FAMILY CENTERED SERVICES OF ALASKA, INC.,
and DOES I to X (Managerial Employees Jointly Liable)

CASE NO. 4:07-cv-0030-RRB

Dear Mr. Covell:

This report is in response to your request to provide calculations for overtime wages owed in compliance the Code of Federal Regulations (CFR) as noted in the following audit report.

Please note, that the agreed hourly rate during the preparation of this report is \$100.

Preceding retirement from the State of Alaska, I was employed with the Alaska Department of Labor and Workforce Development, Labor Standards & Safety Division, Wage and Hour Administration for over 26 years in the Fairbanks office. During that time (1978 through July 2004) I worked as a Wage and Hour Technician, Wage & Hour Investigator I and Supervising Investigator, which involved the performance of hundreds of wage audits. The majority of the audits I performed were overtime audits.

This report is based on my review of the records and information provided by Loretta E. Probert along with records and information maintained and provided by Family Centered Services of Alaska. The period of this audit is from 7/26/06 through 8/29/07. A detailed explanation of the audit follows. The total unpaid straight time and overtime wages determined to be owed as a result of this audit is:

\$88,842.47

This report was based on the information provided to date. Therefore, I reserve the right to amend, modify, or supplement this report based upon the receipt of new or additional information.

Sincerely,

Monte L. Jordan
MJ Resources

Attachments

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I. METHOD OF CALCULATION

The Code of Federal Regulations under 29 CFR 778.107 – General standard for overtime pay, requires that overtime must be compensated at a rate not less than one and one-half times the regular rate at which the employee is actually employed. Further, “if the employee’s regular rate of pay is higher than the statutory minimum, his overtime compensation must be computed at a rate not less than one and one-half times such higher rate.”

In addition, 29 CFR 778.110 – Hourly rate employees, states under (a) that, “if the employee is employed solely on the basis of a single hourly rate, the hourly rate is his “regular rate”.” Therefore, the employee must be paid, “in addition to his straight time hourly earnings, a sum determined by multiplying one-half the hourly rate by the number of hours worked in excess of 40 in the week.”

Loretta E. Probert was paid as an hourly employee working less than 40 hours in a week. Her wages were based on 36 hours a week for a two-week period as indicated on the upper right hand corner of each time sheet. Her hourly status is detailed by Family Centered Services of Alaska, Inc.’s (FCSA) documents listed below:

Personnel Action Form dated 7/24/06 that reflects Loretta Probert as the Employee with an effective date of 7/24/06. This form notes that Loretta Probert is a “Regular”, “Part Time”, “Exempt”, “New Hire”, “Therapeutic Parent” and reveals the “Rate of Pay” as \$21.64 for 18 “Hours Per Pay Week. The box next to “Hourly” has been checked. This form was signed by Loretta E. Probert on 7/24/06 with additional signatures by a Supervisor, the Director/2nd Supervisor, which appears to be S. Dale and someone representing Fiscal. These signatures are dated 7/25/06.

Personnel Action Form dated 8/9/07 for Loretta Probert with an effective date of 7/30/07 indicating an “Orientation Period Evaluation” under “PART II: CHANGE OF STATUS”. On this document Ms. Probert continues under the job title of “TFH Parent” but her “Pay Rate” of 21.64 has been increased to 22.07 for 18 Hours per Week. This form has also been signed by a Supervisor and Director/2nd Supervisor, Suzan Dale on 8/9/07, by Loretta Probert on 8/16/07 and personnel from Fiscal on 8/17/07.

“Salary History by Employee”, a computer form for Probert, Loretta E that lists her hourly rate at \$21.64 with an effective date of 7/24/2006 as a “New Hire” and a hourly rate of \$22.07 with an effective date of 07/30/2007 under the “Change Reason” of End Orientation.

“Position History Screen” computer form for 5876 - Probert, Loretta E. a Therapeutic Parent at an hourly wage of 21.64, New Hire with the effective date of 7/24/2006 and an hourly wage of 22.07 indicating the End Orientation with the effective date of 7/30/2007.

A Request for Reimbursement form that states in a handwritten note, “Employee Received a pay increase effective 7/30/07 & needed paid at new rate from effective Date.” The computation reflected for the reimbursement is as follows:

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$$\begin{array}{r} \text{New Rate } 22.07 \\ \text{Old Rate } \underline{21.64} \quad 36 \quad 15.48 \\ .43 \times \cancel{80} = \cancel{34.40} \end{array}$$

There is a strike through the 80 and a strike through the 34.40, which results in the equation specifying a 43 cent per hour increase for 36 hours in order to make up the difference for the wage increase from the date it began in a previous pay period.

II. BASIS FOR THE OVERTIME CALCULATION

The hours used for this audit are from FCSA's time sheets filled out by Loretta Probert's and submitted on a bi-weekly basis. Ms. Probert signed her time sheets and they were also signed by a "Supervisor" which, for certain periods included Sue Dale. With few exceptions the time sheets were also initialed by other FCSA personnel and with an occasional change on a time sheet with Ms. Probert's initials. As noted previously, all except three (3) time sheets had a handwritten correction in the up right hand corner wherein the number 40 had a strike through it and the number 36 written above to indicate "EE Hours."

Under Alaska statutes and regulations an employer is required to keep certain records for all employees under Chapter 5 (AS 23.05.080) regardless of their non-exempt or exempt status. Additionally, under Chapter 10 (AS 23.10.100) there is a similar record keeping requirement. These records are to include the following:

an accurate record of the name, address and occupation of each person employed,
of the daily and weekly hours worked by each person, and
the wages paid each pay period to each person.

The record shall be kept on file for at least three years.

The State of Alaska requirements follow those laid out by the Code of Federal Regulations under 29 CFR 516.2(a).

According to Ms. Probert the hours she entered and turned in to FCSA were the actual hours she worked. By far, the majority of these time sheets reflect 14 daily hours. The main exception to the 14 daily hours was when Loretta Probert was on approved leave. Loretta Probert consistently turned in time sheets that reflected hours worked over 36 in a week and weekly hours worked far in excess of 40. These hours were acknowledged by signatures from FCSA's supervisory personnel. Therefore, it appears that FCSA had full knowledge of the hours worked and "suffered or permitted" (CFR 29.785.11 General) Loretta Probert to continue working long past her 36 scheduled hours while failing the "duty of management to exercise its control and see that the work is not performed if it does not want it to be performed" (CFR 29.785.13 Duty of management). FCSA chose to sit back and accept the benefits of Ms. Probert's labor without compensating her.

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III. AUDIT EXPLANATION 7/24/06-8/29/07

FCSA records show that Loretta E. Probert's initial employment as a Therapeutic Parent began on 7/26/06 at the hourly rate of \$21.64 and on 7/30/07 she received a wage increase to \$22.07. Therefore, the attached audit includes straight time hours computed at both these straight time rates and overtime based on one and one-half times the straight time rates resulting in overtime rates of \$32.45 and \$33.11 as indicated in the final calculations.

IV. AUDIT RESULTS FOR PERIOD 7/24/06 – 7/29/07

Based on the results of the attached audit, the Total Straight Time Wages and Overtime Wages owed to Loretta E. Probert for the period of 7/24/06 through 8/29/07 at the Straight Time Rate of \$21.64 and Overtime Rate of \$32.45 are:

192 Straight Time Hours @ \$21.64 = \$ 4,154.88 Total Straight Time Wages

2406 Overtime Hours @ \$32.45 = \$ 78,098.76 Total Overtime Wages

V. AUDIT RESULTS FOR PERIOD 7/30/07 – 8/29/07

18 Straight Time Hours @ \$22.07 = \$ 397.26 Total Straight Time Wages

187 Overtime Hours @ \$33.11 = \$ 6,191.57 Total Overtime Wages

VI. TOTAL AUDIT RESULTS FOR PERIOD 7/24/06 – 8/29/07

\$ 4,552.14 Total Straight Time Wages

\$84,290.33 Total Overtime Wages

\$88,842.47 Total ST & OT Wages

XI. REPORT CONCLUSION

As explained above this audit is based on interviews with Loretta E. Probert, records available from FCSA and the Code of Federal Regulations cited in the report. Therefore, the total Straight Time Wages and Overtime Wages owed to Loretta E. Probert for the period of her employment 7/24/06 through 8/29/07 is:

\$88,842.47

FAMILY CENTERED SERVICES OF ALASKA, INC.
PERSONNEL ACTION FORM

DELETED
Petro

Program <u>Services</u>	Team <u>TFHS</u>	Date Prepared <u>8/9/07</u>
Employee Effective <u>Loretta Probert</u> <u>7</u> Month <u>30</u> Day <u>07</u> Year		S.S. # <u>574465876</u> <input type="checkbox"/> AM <input type="checkbox"/> PM
At <u>NIA</u>		

PART I: ADD TO PAYROLL

<input type="checkbox"/> Regular <input type="checkbox"/> Trainee	<input type="checkbox"/> On Call <input type="checkbox"/> Temporary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire Last Term Date _____	<input type="checkbox"/> Orientation Period
Job Title _____				Range _____	Step _____
Rate of Pay \$ _____		Hours Per Pay Week _____		ESC _____	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary				WC Code _____	
Other Special Conditions _____					

PART II: CHANGE OF STATUS

<input type="checkbox"/> Learning Period Evaluation	<input type="checkbox"/> Promotion	Date of Next Review <u>7/30/08</u>
<input checked="" type="checkbox"/> Orientation Period Evaluation	<input type="checkbox"/> Transfer	<input type="checkbox"/> Other _____
<input type="checkbox"/> Annual Evaluation	<input type="checkbox"/> Step Increase	<input type="checkbox"/> Merit
Explain _____		

FROM Status <u>OPTEX</u> Range <u>13</u> Step <u>4, 9</u> ESC <u>119157</u> W.C. Code <u>8833</u> Job Title <u>TFH Parent</u> Pay Rate <u>21.64</u> Hours per Week _____ Comments _____	TO Status <u>OPTEX</u> Range <u>13</u> Step <u>4, 9</u> ESC <u>119157</u> W.C. Code <u>8833</u> Job Title <u>TFH Parent</u> Pay Rate <u>22.07</u> Hours per Week <u>18</u> Comments _____
--	--

PART III: TERMINATION

<input type="checkbox"/> Voluntary	<input type="checkbox"/> Involuntary	<input type="checkbox"/> Lay off	Final Pay Due : _____
<input type="checkbox"/> Exit Interview			<input type="checkbox"/> Regular Work Hours _____
			<input type="checkbox"/> Other _____
Comments _____			

FORWARDING ADDRESS

Name _____
 Street No. or P.O. _____
 City _____ State _____ Zip _____

APPROVALS

Supervisor <u>Paula Smathers</u> <u>8/9/07</u> Date _____	Employee <u>Loretta Probert</u> <u>8-16-07</u> Date _____
Director/2 nd Supervisor <u>Sunguk Lee</u> <u>8-9-07</u> Date _____	Fiscal <u>Kc</u> <u>8/17/07</u> Date _____

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ST
50/9/07

Tracy
8/29/07
SE

FAMILY CENTERED SERVICES OF ALASKA, INC. PERSONNEL ACTION FORM

Program <u>Services</u>	Team <u>TRH 5</u>	Date Prepared <u>8/29/07</u>
Employee <u>Loretta Probert</u>		S.S. # <u>574 46 5376</u>
Effective <u>8</u> <u>29</u> <u>07</u>	At <u>NIA</u>	<input type="checkbox"/> AM <input type="checkbox"/> PM
Month	Day	Year

PART I: ADD TO PAYROLL

<input type="checkbox"/> Regular <input type="checkbox"/> Trainee	<input type="checkbox"/> On Call <input type="checkbox"/> Temporary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire	<input type="checkbox"/> Orientation Period Last Term Date _____
--	--	--	--	--	---

Job Title _____ Range _____ Step _____

Rate of Pay \$ _____ Hours Per Pay Week _____ ESC _____

☐ Hourly ☐ Salary

Other Special Conditions _____ WC Code _____

PART II: CHANGE OF STATUS

<input type="checkbox"/> Learning Period Evaluation <input type="checkbox"/> Orientation Period Evaluation <input type="checkbox"/> Annual Evaluation	<input type="checkbox"/> Promotion <input type="checkbox"/> Transfer <input type="checkbox"/> Step Increase	<input type="checkbox"/> Merit Date of Next Review _____ <input type="checkbox"/> Other _____ Explain _____
---	---	---

FROM	TO
Status _____ Range _____ Step _____	Status _____ Range _____ Step _____
ESC _____	ESC _____
W.C. Code _____	W.C. Code _____
Job Title _____	Job Title _____
Pay Rate _____ Hours per Week _____	Pay Rate _____ Hours per Week _____
Comments _____	Comments _____

PART III: TERMINATION

<input type="checkbox"/> Voluntary <input type="checkbox"/> Exit Interview	<input checked="" type="checkbox"/> Involuntary <input type="checkbox"/> Lay off	Final Pay Due : <u>8/31/07</u> <input checked="" type="checkbox"/> Regular Work Hours <input type="checkbox"/> Other _____
---	---	--

Comments _____

FORWARDING ADDRESS

Name _____
 Street No. or P.O. _____
 City _____ State _____ Zip _____

APPROVALS

Supervisor <u>Carla Smith</u> <u>8/29/07</u> Date	Employee <u>Loretta Probert</u> <u>8/29/07</u> Date
Director/2 nd Supervisor <u>Suzanne Dale</u> <u>8-29-07</u> Date	Fiscal <u>R</u> <u>8/20/07</u> Date

**FAMILY CENTERED SERVICES OF ALASKA, INC.
PERSONNEL ACTION FORM**

Program <u>Services</u>	Team <u>JFH 5</u>	Date Prepared <u>8/14/07</u>
Employee Effective <u>8</u> <u>29</u> <u>07</u>	At <u>NIA</u>	S.S. # <u>574 46 5876</u>
Month	Day	Year
		<input type="checkbox"/> AM <input type="checkbox"/> PM

PART I: ADD TO PAYROLL

<input type="checkbox"/> Regular	<input type="checkbox"/> On Call	<input type="checkbox"/> Full Time	<input type="checkbox"/> Exempt	<input type="checkbox"/> New Hire	<input type="checkbox"/> Orientation Period
<input type="checkbox"/> Trainee	<input type="checkbox"/> Temporary	<input type="checkbox"/> Part Time	<input type="checkbox"/> Non-Exempt	<input type="checkbox"/> Rehire	
Last Term Date _____					
Job Title _____ Range _____ Step _____					
Rate of Pay \$ _____ Hours Per Pay Week _____ ESC _____					
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary					
Other Special Conditions _____ WC Code _____					

PART II: CHANGE OF STATUS

<input type="checkbox"/> Learning Period Evaluation	<input type="checkbox"/> Promotion	Date of Next Review _____
<input type="checkbox"/> Orientation Period Evaluation	<input type="checkbox"/> Transfer	<input type="checkbox"/> Other _____
<input type="checkbox"/> Annual Evaluation	<input type="checkbox"/> Step Increase	Explain _____
<input type="checkbox"/> Merit		

FROM			TO		
Status _____	Range _____	Step _____	Status _____	Range _____	Step _____
ESC _____			ESC _____		
W.C. Code _____			W.C. Code _____		
Job Title _____			Job Title _____		
Pay Rate _____	Hours per Week _____		Pay Rate _____	Hours per Week _____	
Comments _____			Comments _____		

PART III: TERMINATION

<input type="checkbox"/> Voluntary	<input checked="" type="checkbox"/> Involuntary	<input type="checkbox"/> Lay off	Final Pay Due : <u>8/31/07</u>
<input type="checkbox"/> Exit Interview			<input checked="" type="checkbox"/> Regular Work Hours
			<input type="checkbox"/> Other _____
Comments _____			

FORWARDING ADDRESS

Name _____
Street No. or P.O. _____
City _____ State _____ Zip _____

APPROVALS

Supervisor Anita Smith Date 8/29/07 Employee Louella Probert Date 8/29/07

Director/2nd Supervisor Jessie Wake Date 8-29-07 Fiscal K Date 8/30/07

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FCSOA-00433

Full Name Backward	Pay Rate	Hourly Rate	Effective Date	Change Percent	Change Reason	Next Date
Probert, Loretta E.	\$1,765.6000	\$22.07	07/30/2007	.00	End Orientation	07/30/2008
	\$21.6400	\$21.64	07/24/2006	.00	New Hire	

Family Centered Services of Alaska, Inc

Position History Screen

5876 - Probert, Loretta E.

[illegible]

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FAMILY CENTERED SERVICES OF ALASKA

REQUEST FOR REIMBURSEMENT

(SEE REVERSE FOR INSTRUCTIONS)

NAME: Loretta ProbertEMPLOYEE ID: 5876

(IF APPLICABLE)

1515 TFHPROGRAM: ATOP RDT YESS RESPITE DELTA TFH#1 TFH#2 SSD ADMIN

(CIRCLE ONE)

EXPENSE DESCRIPTION	DATE(S)	AMOUNT	FOR ACCOUNTING USE ONLY
FOSTER CARE (CLIENT#)		\$	A C
FOSTER CARE (CLIENT#)		\$	A C
FOSTER CARE (CLIENT#)		\$	A C
(COMPLETE A SEPARATE LINE FOR EACH CLIENT)			
VISION EXPENSE (ATTACH PROOF OF PAYMENT)		\$	A C
FIRST AID/CPR RECERTIFICATION (ATTACH PROOF OF PAYMENT)		\$	A C
OTHER: (SEE BELOW) <u>Retro</u>	<u>7/30/07-8/1/07</u>	\$ <u>15.48</u>	A <u>4</u> <u>1</u> <u>1</u> <u>0</u> <u>0</u> <u>2</u> <u>5</u> C <u>9</u> <u>9</u> <u>5</u>
OTHER: (SEE BELOW)		\$	A C
OTHER: (SEE BELOW)		\$	A C
OTHER: (SEE BELOW)		\$	A C
OTHER: (SEE BELOW)		\$ <u>15.48</u>	A C
TOTAL:		\$ <u>34.90</u>	

EXPLANATION OF "OTHER" REIMBURSEMENTS: (AS A MINIMUM, EXPLAIN WHY FCSSA'S PETTY CASH OR PURCHASE ORDER POLICIES WERE NOT USED FOR "OTHER" EXPENSES AND THE JUSTIFICATION FOR REIMBURSEMENT. ATTACH ALL RECEIPTS TO THIS FORM.)

New Rate 22.07
 Old Rate 21.64
 $.43 \times 36 = 15.48$
 $15.48 + 19.42 = 34.90$

Employee received a pay increase effective 7/30/07 & needed
 Paid at new Rate from effective date

REQUESTED BY: [Signature]DATE: 8/29/07

COORDINATOR I (IF APPLICABLE):

DATE:

PROGRAM DIRECTOR: Per PAF

DATE:

FCSSA FISCAL DEPT. 07/01/2004

QA _____ QA _____

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FCSSA-00808

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name: Loretha E. Aubert

Period Beginning: 7-16-06

☐ Exempt EE Hours

Employee #: 5876

Period Ending: 7-29-06

(Last 4 digits of Social Security #)

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ADOP																
YESS																
YESS ELEM																
RPT																
1340 Chena Ridge																
3933 Parks Ridge																
1513 Liatriis																
1503 Liatriis																
1518 Liatriis									7:30	7:00	7:00	7:00	7:00	4:30	33	
SID																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total									7:30	7:00	7:00	7:00	7:00	4:30	33	

Staff Signature: Loretha E. Aubert

Date: 7-28-06

Supervisor: [Signature]

Date: 7-31-06

Print Name: Love the Prebert

Employee #: 5874

(Last 4 digits of Social Security #)

Period Beginning: 7/30/06

Period Ending: 8/12/06

☒ Exempt EE 36 Hours

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ADP	30	31														
VRS																
VRS ELEM																
RPT																
1540 Chena Ridge																
3923 Parks Ridge																
1513 Liatriis																
1503 Liatriis																
1513 Liatriis	14	14	14	14	14	14	14	14	14	14	14	14	14	14	146	AD
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	146	AD

Staff Signature: Love the Prebert

Date: 7-14-06

Supervisor: Amberlee K. Dawson

Date: 08/14/06

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name: Loretta Probert

Period Beginning: 8/13/06

☒ Exempt EE 30 Hours

Employee #: 5876

(Last 4 digits of Social Security #)

Period Ending: 8/24/06

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	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ADP	13	14	15	16	17	18	19	20	21	22	23	24	25	26		
LESS																
LESS ELEM																
ADT																
340 Chena Ridge																
3933 Parks Ridge																
513 Liattis																
503 Liattis																
518 Liattis	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	AD
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	AD

Staff Signature:

Loretta E. Probert

Date

8/24/06

Supervisor:

Franklin E. Dawson

Date

08/28/06

FCSA FISCAL DEPT. 10/07/2006

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FCSOA-00802

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name: Loretta Probert

Employee #: 5876

(Last 4 digits of Social Security #)

Period Beginning: 8-27-06

Period Ending: 9-9-06

☒ Exempt EE 48 Hours

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOP																
LESS																
LESS ELEM																
ADT																
840 Chena Ridge																
3933 Parks Ridge																
613 Liatriis																
2503 Liatriis																
518 Liatriis	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	JP
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	

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Staff Signature: Loretta Probert Date 9-11-06

Supervisor: [Signature] Date 9-11-06

PCSA FISCAL DEPT. 10/07/2005

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name: Loretta Probert

Period Beginning: 9/10/06

☒ Exempt EE 30 Hours

Employee #: 5876

Period Ending: 9/23/06

(Last 4 digits of Social Security #)

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOP																
YES																
YESS ELEM																
RDJ																
1540 Chena Ridge																
3933 Parks Ridge																
1513 Liatis												15			15	
1503 Liatis																
1518 Liatis	14	14	14	14	14	10	0	5	14	14	14		14	14	155	
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	10	0	5	14	14	14	15	14	14	170	

Staff Signature: Loretta Probert

Date: 9/25/06

Supervisor: [Signature]

Date: 9-25-06

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name: Loretta Robert

Employee #: 58716
(Last 4 digits of Social Security #)

Period Beginning: 9/24/06

Period Ending: 10/7/06

☒ Exempt EE 40 Hours

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOP																
VESS																
VESS ELEM																
RDT																
1540 Chena Ridge																
3933 Parks Ridge																
1513 Liatriis																
1503 Liatriis												14			14	
1518 Liatriis	14	14	14	14	14	14	14	14	14	14	14	14	14	14	182	
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	

Staff Signature: Loretta Robert Date: 10/9/06

Supervisor: Shale Date: 10-9-06

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name:

Loretta Probert

Period Beginning:

10/8/06

☒ Exempt EE

40 Hours

Employee #:

5876

Period Ending:

10/21/06

(Last 4 digits of Social Security #)

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOP																
YESS																
YESS ELEM																
RPT																
1540 Chena Ridge																
3933 Parks Ridge																
1513 Liatriis																
1503 Liatriis																
1518 Liatriis	14	14	14	14	4	0	0	0	0	0	4	14	14	14	106	
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	4	0	0	0	0	0	4	14	14	14	106	

Staff Signature:

Loretta Probert

Date

10/23/06

Supervisor:

[Signature]

Date

10-23-06

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name:

Loretta Robert

Employee #:

5876

(Last 4 digits of Social Security #)

Period Beginning:

10/22/06

Period Ending:

11/4/06

☒ Exempt EE

40 Hours

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOR																
WESS																
WESS ELEM																
RDT																
1540 Chena Ridge																
3933 Parks Ridge																
1513 Liatis																
1503 Liatis																
1518 Liatis	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	

Staff Signature:

Loretta Robert

Date

11/6/06

Supervisor:

[Signature]

Date

11-6-06

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name:

Loretta Robert

Employee #:

5876

(Last 4 digits of Social Security #)

Period Beginning:

11/15/06

Period Ending:

11/18/06

☒ Exempt EE

36 Hours

	Sum	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOP	05	06	07	08	09	10	11	12	13	14	15	16	17	18		
VESS																
VESS ELEM																
RDT																
1540 Chena Ridge																
3933 Parks Ridge																
1513 Liatus																
1503 Liatus																
1518 Liatus	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	

Staff Signature:

Loretta Robert

Date

11-17-06

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name: Loretha Probert
 Employee #: 5876
 (Last 4 digits of Social Security #)

Period Beginning: 11/19/06
 Period Ending: 12/02/06

☒ Exempt EE 36 Hours

Nov/Dec													Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials	
													19	20	21	22	23	24	25	26	27	28	29	30					
ATOP																													
WESS																													
WESS ELEM																													
RDT																													
1540 Chena Ridge																													
3933 Parks Ridge																													
1513 Liatriis																													
1503 Liatriis																													
1518 Liatriis													14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	146	
SSD																													
DELTA SVCS																													
ADMIN																													
LEAVE																													
HOLIDAY																													
Total													14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	146	

Exhibit B Page 8

Staff Signature: Loretha Probert Date 12/4/06

+W=4

Supervisor: [Signature] Date 12/4/06

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name: Loretta Robert

Period Beginning: 12/3/06

☒ Exempt EE ³⁶40 Hours

Employee #: 5876
(Last 4 digits of Social Security #)

Period Ending: 12/16/06

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOP																
YESS																
YESS ELEM																
RDT																
1540 Chena Ridge																
3933 Parks Ridge																
1513 Liatris																
1503 Liatris																
1518 Liatris	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	

Staff Signature: Loretta Robert Date 12/18/06

Supervisor: [Signature] Date 12/18/06

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name: Loretta Probert
 Employee #: 5846
 (Last 4 digits of Social Security #)

Period Beginning: 12/31/06
 Period Ending: 1/13/07

☒ Exempt Employee 40 Hours

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOP																
YESS																
YESS ELEM																
RDT																
1540 Chena Ridge																
3933 Parks Ridge																
1513 Liatriis																
1503 Liatriis																
1518 Liatriis	14	14	14	14	14										70	
SSD																
DELTA SVCS																
ADMIN																
LEAVE						4	4	4	4	4	4	4	4	4	36	
HOLIDAY																
Total															106	

Staff Signature: Loretta Probert Date: 2-1-07

*Take 18 hrs leave example @ 50 hrs
 didn't work all week*

Supervisor: [Signature] Date: 1-16-07 on leave on the 16th
 unavailable for signature

Print Name:

Loretha Robert

Period Beginning:

1-14-07

☒ Exempt EE

36 Hours

Employee #:

5876

Period Ending:

1-27-07

(Last 4 digits of Social Security #)

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	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOP	14	15	16	17	18	19	20	21	22	23	24	25	26	27		
ESS																
YESS ELEM																
MDT																
1540 Chena Ridge																
9933 Parks Ridge																
1513 Liatis																
0503 Liatis																
518 Liatis							4	14	14	14	14	14	14	14	102	
SSD																
DELTA SVCS																
ADMIN																
LEAVE	4	4	4	4	4	4									24	W-14
HOLIDAY															18-24	
Total	4	4	4	4	4	4	4	14	14	14	14	14	14	14	126	

Staff Signature:

Loretha E. Robert

Date

1-29-07

Supervisor:

[Signature]

Date

1-29-07

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name: Loretta PROBERT

Period Beginning: 1-28-07

☒ Exempt EE 40 Hours

Employee #: 5876
(Last 4 digits of Social Security #)

Period Ending: 2-10-07

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOP	28	29	30	31	1	2	3	4	5	6	7	8	9	10		
YESS																
YESS ELEM																
RDT																
1540 Chena Ridge																
3933 Parks Ridge																
1513 Liatis																
1503 Liatis																
1518 Liatis	7	14	14	14	14	14	14	14	14	14	14	14	14	10	171	
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	7	14	14	14	14	14	14	14	14	14	14	14	14	10	171	

Staff Signature:

Loretta E Probert

Date 2-12-07

Supervisor:

[Signature]

Date

2-12-07

Print Name: Loretta Probert Period Beginning: 2-11-07
 Employee #: 5876 (Last 4 digits of Social Security #) Period Ending: 2-24-07
☒ Exempt EE 36 Hours

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOP																
YESS																
YESS ELEM																
ADT																
540 Chena Ridge																
933 Parks Ridge																
1513 Liattis																
503 Liattis																
518 Liattis	8	14	14	14	14	14	14	14	14	14	14	14	14	10	172	
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	8	14	14	14	14	14	14	14	14	14	14	14	14	10	172	

Staff Signature: Loretta C. Probert Date: 2-26-07

Supervisor: [Signature] Date: 2-26-07
 FCSA FISCAL DEPT. 10/07/2005